	CTTER	Docket No. ELN-002				
Application No. 10/010942-Conf. #5594		Filing Date December 6, 2001		Examiner	Art Un	
		December	6, 2001	Christopher J. Nic	nois	1647
Applicant(s): Gur	iq BASI <i>et al.</i>			* *************************************		
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A check in the	ne amount of \$		to cover	the filing fee is enclo	sed.	
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PTO/SB/17 (10-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE dipter the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known **TRANSMITTAL** 10/010942-Conf. #5594 **Application Number** December 6, 2001 for FY 2005 Filing Date **Guriq BASI First Named Inventor** Effective 10/01/2004. Patent fees are subject to annual revision. **Examiner Name** Christopher J. Nichols Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1647 **ELN-002** TOTAL AMOUNT OF PAYMENT Attorney Docket No. 980.00 FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) Credit Money 3. ADDITIONAL FEES Check Other None Deposit Account: X Large Entity Small Entity Deposit 12-0080 Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid Number Deposit 1051 130 2051 65 Surcharge - late filing fee or oath Lahive & Cockfield, LLP Account Name Surcharge - late provisional filing fee or cover 1052 50 2052 The Director is authorized to: (check all that apply) X Credit any overpayments X Charge fee(s) indicated below 1053 130 1053 130 Non-English specification 1812 2.520 X Charge any additional fee(s) or any underpayment of fee(s) 1812 2.520 For filing a request for ex parte reexamination Charge fee(s) indicated below, except for the filing fee Requesting publication of SIR prior to 920* 920* 1804 1804 to the above-identified deposit account. Examiner action Requesting publication of SIR after 1805 1,840 1805 1.8401 **Examiner action FEE CALCULATION** 1251 110 2251 55 Extension for reply within first month 1. BASIC FILING FEE 1252 430 2252 215 Extension for reply within second month Large Entity **Small Entity** 1253 980 2253 Extension for reply within third month 980.00 Fee Fee Fee Fee Fee Description Fee Paid 1254 1.530 2254 765 Extension for reply within fourth month (\$) (\$) Code Code 1001 790 2001 395 Utility filing fee 1255 2.080 2255 1,040 Extension for reply within fifth month 1002 2002 175 Design filing fee 1401 340 2401 170 Notice of Appeal 350 1003 2003 275 Plant filing fee 1402 340 2402 170 Filing a brief in support of an appeal . 790 2004 395 Reissue filing fee 1403 300 2403 150 Request for oral hearing 1004 80 Provisional filing fee 160 2005 1.510 1451 1,510 Petition to institute a public use proceeding 1005 1451 1452 110 2452 Petition to revive - unavoidable 55 SUBTOTAL (1) 0.00 Petition to revive - unintentional 1453 1,370 2453 685 1501 1,370 2501 Utility issue fee (or reissue) 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from 1502 490 2502 245 Design issue fee Fee Paid below Claims 0.00 **Total Claims** 84 -151** 1503 660 2503 330 Plant issue fee Independent 1460 130 1460 130 Petitions to the Commissioner 9 -31** 0.00 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) Multiple Dependent 0.00 1806 180 1806 180 **Submission of Information Disclosure Stmt** Large Entity Small Entity Recording each patent assignment per Fee Description 8021 40 8021 40 Code (\$) Code (\$) property (times number of properties) Filing a submission after final rejection 2202 1202 18 9 Claims in excess of 20 1809 790 2809 395 (37 CFR 1.129(a)) 1201 88 2201 44 Independent claims in excess of 3 For each additional invention to be 1810 790 2810 395 1203 300 2203 150 Multiple dependent claim, if not paid examined (37CFR 1.129(b)) 1204 88 2204 ** Reissue independent claims 1801 790 2801 395 Request for Continued Examination (RCE) over original patent Request for expedited examination 900 1802 900 1802 1205 18 Reissue claims in excess of 20 of a design application 2205 nd over original patent Other fee (specify) SUBTO\(AL (2) (\$) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 980.00 .00 ee abbve **or number reviously paid, if greater, For Reissues, s SUBMITTED I (Complete (if applicable)) Registration No. Name (Print/Ty Débra J. Milasi 46,931 (617) 227-7400 Telephone y/Agent) Date November 26, 2004 Signature

I hereby certify that this correspondence is in an envelope addressed to: MS Amendr shown below.	being deposite ment, Commissi	ed with the U	S. Postal ats, P.O.	Service a Box 145	s Express Mail, Airbill No. EV 466141659 US, Alexandria, VA 22313-1450, on the date
Dated: November 26, 2004	Signature:			V	(Debra J. Milasincic)